

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33553

State File No.

9234

REGISTRATION DISTRICT NO. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME Clarence M. Silberman

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle O. Silberman 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 6 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 3 13 hr. min.

9. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Jewelry Business

MOTHER FATHER { 12. Name Louis Silberman
13. Birthplace Austria (City, town, or county) (State or foreign country)
14. Maiden name Henrietta Lusky
15. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Jack Silberman
(b) Address MAYFAIR HOTEL
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai
18. (a) Signature of funeral director J. F. Budeck
(b) Address 4356 Lindell Blvd
19. (a) OCT 20 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5828 Ferriss (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from September 21, 1943, to October 19, 1943;
that I last saw him alive on October 19, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Probable embolus (pulmonary) Duration

Due to thrombosis?

Due to 11/17

Other conditions Hypertension, anemia
(include pregnancy within months of death)

Major findings: Bleeding gastric ulcer. PHYSICIAN
Of operations none performed
Of autopsy none performed
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature M. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 10/21/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert G. Hoffe

..... Licensed Embalmer No..... 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.